## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

REC (Total)

APR 2 4 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Alison Cooper		———————
II. Name of lobbyist's pa	rtnership, firm or corporation, if a	ny:	
American Property	Casualty Insurance Association	n	
(Name o	partnership, firm or corporation)		
95 Columbia Street	Albany	NY	12210-2707
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(847) 297-7800	(847) 297-5064	e-mail complian	ce@apci.org
(Telephone)	(Fax		
reportable expense trans	s: (Choose one – file separate reporactions which are not attributable ions occurring in the months prior to	to any one client).	
Ai Durantu	C16 1		
	Casualty Insurance Association ull Name of Client as it appears on the Lo		
<u>OR</u>		,	
All reportable transactiunrelated to any particular	ons by the lobbyist (including the lob client.	obyist's family), or the lobbying	firm listed below which are
IV. Date of Report A	pril 24, 2019 🗴	July 31, 2019 🔲	
•	rom date of registration to 3/31/19	activity from 4/1/19 to 6/30/19	
	October 30, 2019   vity from 7/1/19 to 9/30/19	January 29, 2020 [] activity from 10/1/19 to 12/31/	119 .
	fees received and no reportable plete just this form and submit it to the		
VI. Check if additional r	anorts are attached:		
	ees or made expenditures, you must:	file Addendum A– Fees and Ex	penses
•	onorarium or reimbursed expenses, yo		
☐ If you, your firm, or y	our family has made political contrib	outions, you must file Addendu	m C- Political Contribution
and complete to the best of	nation by Lobbyist 15-B, RSA 14-C and RSA 664 and h f my knowledge and belief.	nereby swear or affirm that the f	oregoing information is true
alison apper		04/23/2019	
(Signature of lobbyist)		(Dat	e)
Alison Cooper			
(Print Name of lobbyist)			•

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Alison Cooper	· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's partnership, firm or corporation, if any:	
American Property Casualty Insurance Association (Name of partnership, firm or corporation)	
III. Name of Client American Property Casualty Insurance Associa	tio1Date 1/10/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ 0.00 ar)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>4,859.38</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair penses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the persod with a value of \$25.00 or less); and thing period of greater than \$25.00 for every expense of than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _ 0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>0</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
none	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
alison aspen	04/24/2019
(Signature of lobbyist)	(Date)
Alison Cooper	
(Print Name of lobbyist)	

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